

MacIntyre Care 42a Haddon

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

42a Haddon is a residential care home that is registered to provide personal care for up to 40 adults with learning disabilities and autism.

People's experience of using this service:

- People received safe care and were protected against avoidable harm, neglect and discrimination.
- Risks to people's safety were assessed and strategies were put in place to reduce the risks.
- The recruitment practices ensured suitable staff were employed to work at the service and staff were employed in sufficient numbers to meet people's needs.
- People's medicines were safely managed.
- Systems were in place to control and prevent the spread of infection.
- People's needs were assessed to ensure the service could meet their needs.
- Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.
- People were supported to maintain good nutrition and hydration.
- Staff supported people to live healthier lives and have access to healthcare services.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff treated people with kindness, compassion and respect.
- People were supported to express their views and be involved in making decisions about their care.
- People were involved in planning their care and in on-going reviews of their care.
- Systems were in place to continuously monitor the quality of the service.
- The service worked in partnership with outside agencies.

Rating at last inspection:

Good (report published 2 August 2016)

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our Well-Led findings below.

42a Haddon

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

42a Haddon is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, 40 people were receiving this type of service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced inspection.

What we did:

Prior to the inspection we reviewed information we had received about the service, including information within the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information received from the provider, such as statutory notifications about incidents and events the provider must notify us about. We sought feedback from other professionals who work with the service. We took this information into account when we inspected the service and in making the judgements in this report.

During the inspection we met with seven people using the service and observed interactions between them

and the staff. Many of the people we met were unable to communicate verbally with us, therefore staff assisted people to express their views about using the service. We spoke with eight staff members that included the area manager, the registered manager, six care and support staff.

We looked at the care records for three people using the service and three staff recruitment records. We examined other records relating to staff support and training and the management of the service. These included, records relating to staff training, supervision, medicines, incident and accidents, complaints, safeguarding and the providers quality monitoring audit systems.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from harm and abuse. Information was displayed on notice boards in written and 'easy read' pictures giving people information on how to raise any safeguarding concerns.
- Staff were knowledgeable about the safeguarding reporting procedures if they had any concerns about people's safety or welfare.
- A safeguarding newsletter was produced to promote an open and transparent approach to safeguarding. The newsletter raised awareness of using social media and 'cyber bullying' these were discussed with people using the service.
- Records showed that safeguarding concerns were reported to the safeguarding authority and appropriately investigated by the provider.

Assessing risk, safety monitoring and management:

- Risk assessments explained the risks and what staff needed to be aware of to protect individuals from harm. For example, fire safety, road safety, and individual health related risks. This ensured that staff had up to date information and knew what to do to keep people safe. Records showed the risk assessments were regularly reviewed and updated as and when people's circumstances changed.
- In the event of an emergency that required evacuation of the service, each person had a Personal Emergency Evacuation Plan (PEEP) to inform the emergency services of their communication and mobility needs.

Staffing and recruitment:

- People's support needs were assessed, and staff were assigned to ensure each person received support according to their needs.
- The provider carried out robust recruitment checks before staff were appointed.

Using medicines safely:

- Staff received training on the safe administration of medicines, this included observations on the staffs' competency to safely administer medicines. Records showed that staff followed the procedure for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection:

- Staff received infection control and food hygiene training and we saw that routine health and safety checks were carried out on the environment. We noted one bathroom had mildew growth on the ceiling, following the inspection the registered manager confirmed the ceiling had been thoroughly cleaned and this would be included in the environmental audits.

- People using the service were supported by staff to take responsibility for keeping their rooms and the small group kitchens clean.

Learning lessons when things go wrong:

- Systems were in place to record and analyse incidents and accidents, to identify and learn from themes and put in place control measures to mitigate repeat incidents. For example, to identify whether incidents repeatedly occurred at a specific time of day or in one place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed, and any specific health conditions were identified in the initial pre-admission assessment and reflected in more detail within people's individual care plans.
- The staff provided appropriate care in line with current best practice guidelines and legislation.

Staff support: induction, training, skills and experience:

- People received support from staff that received training to carry out their roles. The staff spoken with confirmed the training they received equipped them with the knowledge and skills to meet the range of needs of people using the service. They confirmed that during the induction training they worked alongside experienced members of staff, whilst completing the mandatory induction training modules.
- Staff told us, and records showed they received supervision that included one to one meetings with named supervisors to discuss their work and any further training and support needs.
- Feedback from a recent staff survey showed staff felt clear about their roles and responsibilities, that they received supportive feedback, and had opportunities to question managers about changes.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were supported to follow healthy eating plans, and some people attended slimming clubs, which had resulted in weight loss and improved physical health. One person had won the clubs slimmer of the year award and had taken control of their eating habits.
- Risks regarding people's intake of food and drink were identified and monitored and guidance was sought from dietary and nutritional professionals. For example, a person at risk of choking had support from a speech and language therapist and the advice they gave was followed to manage the risks.
- In each group kitchen people had their own lockable cupboards where they stored snacks they had purchased and they had access to the cupboards whenever they wanted.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- People were supported to maintain good health. A 'health calendar tool' was used to identify any changing health needs. Staff ensured people were supported to attend health screening appointments, dental, optical, podiatry appointments and people were invited to have an annual flu vaccine.
- The service worked with other professionals and organisations that were involved in providing support for people using the service. Relevant information was shared appropriately to help ensure people consistently received effective care, support and treatment.
- People were encouraged to take regular exercise and some outdoor gym equipment had been installed in the garden.

Adapting service, design, decoration to meet people's needs:

- People were involved in decisions about the decoration of the environment and people had personalised their bedrooms.
- Regular health and safety and maintenance checks were carried out to ensure all areas were safe. An internal decorations plan was used to identify rooms in need of redecoration. We saw that some of the small kitchens had been refurbished and some were due for refurbishment.
- The provider had supported several people to move to different flats that were more suitable to their changing needs.
- Community alarms had been installed in various flats to alert staff, so they could respond in a timely way and provide support.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records within people's care plans evidenced that mental capacity assessments had been carried out, along with best interest meetings, when required.
- DoLS authorisations were routinely reviewed to check the conditions of the authorisations followed the least restrictive options. The provider had submitted applications to renew DoLS authorisations within the set timeframe, to ensure the agreed restrictions to people's liberty remained lawful.
- Consent to care and support was always gained. Staff knew people well and they were aware of the verbal and non-verbal communication methods used by each person. This ensured staff only provided care and treatment once it was established the person had given their consent.
- The provider told us in the PIR that they planned to support people aged between of 55 and 60 to have an internal bowel screening to detect bowel cancer. This would provide people with a different option from providing samples for three days in a row which some people found difficult. The provider said that capacity assessments would be completed with people to determine which option they would prefer (if any) and where needed best interests' meetings would be held with people's relatives or their independent advocates.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People had caring, kind and supportive relationships with the staff. We observed people were relaxed with staff and caring interactions took place between staff and people throughout the inspection. One member of staff said, "It's great to know you are making a positive difference to people's lives, helping them to be as independent as possible to lead normal lives."
- Staff respected equality and diversity. This included respecting people's religious beliefs and background.

Supporting people to express their views and be involved in making decisions about their care:

- People were involved in making decisions about how they wanted their care and support provided. One person said, "I am involved in everything, if I don't want to do something I will tell the staff." Information within the care plans evidenced that people had been involved in making decisions about how they wanted the staff to provide their support.
- We observed staff seeking people's opinions, such as, asking people what they wanted to do, or where they wanted to go, for example, to go shopping or to a coffee shop. The staff were very skilled in understanding people's methods of communication to gain their views.
- People had access to an independent advocate who could support them to make decisions about their care and support. Advocates act independently of the service to support people to raise and communicate their needs and wishes.

Respecting and promoting people's privacy, dignity and independence:

- We saw that people's privacy and dignity was respected. We observed staff talking to people respectfully and explaining what was happening during tasks.
- People were encouraged to maintain their independence and do as much for themselves as possible. For example, preparing meals and snacks, tidying their bedrooms and doing their own laundry with minimal support from staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received an assessment of their needs before moving into the service. These were used to develop a person-centred care plan. People's care plans were tailored to the needs of the individual and provided staff with detailed guidance on how to support people in the best way.
- People where possible, were fully involved in their care plans. Their likes, dislikes and things important to them were recorded in the care plans.
- Staff were knowledgeable about people's cultural and religious beliefs and supported people in line with their preferences and beliefs.
- People attended activities of their choosing. For example, trips to the theatre, cinema and going out for meals. Some people had joined a 'Green Genies' litter picking club, people went to day centres and work placements. On the day of inspection a group of people were rehearsing a play about Hansel and Gretel, they were very enthusiastic about performing their roles in the play.

All organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and met in a way that met the criteria of the standard. This included recording people's communication needs in their care plans. Examples of this included easy read pictures and large print information.
- The provider had a 'Great Interactions' team that registered managers could call upon for advice or further support if they were struggling to communicate with a person in their preferred way.
- Letters received from doctors came in an accessible version.
- Visual planners were used for some people to remind them of their daily, weekly and monthly routines. They contained pictures and/or words depending on what the person required. Objects of reference were also used to support and encourage communication.
- People were supported to stay in touch with elderly family members who could no longer visit through using social media video platforms.

Improving care quality in response to complaints or concerns:

- The service had a complaints policy and procedure that was accessible to people and relatives if they wanted to make a complaint.
- Records showed that complaints had been responded to in line with the provider's complaints procedure.

End of life care and support:

- The registered manager had completed a level 3 National Vocational Qualification (NVQ) in end of life care.
- Staff had received training on loss and bereavement and a bereavement counsellor (who specialised in working with people with learning disabilities) ran counselling sessions for people who had suffered the loss of a family member.
- The provider said in the PIR that they supported people when nearing the end of their life, to make decisions for their end of life care. We saw that end of life care training was due to be provided for staff during May 2019.
- A remembrance garden had been set up in the grounds, where people could go to remember and reflect on family members and friends who had passed away. People had been involved in choosing the variety of flowers and ornaments to go in this garden.
- At the time of the inspection the registered manager confirmed that no people using the service were receiving end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- There was a positive, open and honest atmosphere within the service. We saw people and staff interacting in a caring manner with each other throughout the day and communicating positively.
- The registered manager and the provider carried out regular quality checks to ensure staff were working in the right way to meet people's needs and keep them safe. We saw that these checks were effective and identified areas where actions needed to be taken.
- The registered manager promoted an open-door policy and positive working culture. They worked at different times during the day, night and weekends. This provided opportunities to observe staff practice and for people, relatives and staff to meet with them face to face.
- Staff were fully aware of the safeguarding and whistleblowing procedures.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The registered manager and senior care staff had the skills, knowledge and experience to perform their roles effectively.
- Staff understood their roles and told us they felt supported by the registered manager and the senior staff team.
- Staff told us, and records showed, that systems were followed to ensure all staff received regular support, supervision and appraisal.
- The registered manager understood their responsibility to meet the legal requirements within the law to notify the CQC of incidents, safeguarding concerns and deaths at the service.
- The provider had displayed their latest inspection rating in the home and on their website.

Engaging and involving people using the service, the public and staff:

- Staff told us, and records showed that staff meetings were held regularly, and all aspects of the service were discussed, for example people's changing needs, staffing issues and operational updates.
- Regular meetings were held for people using the service, so they could provide feedback and offer their views about how the service was run.

Continuous learning and improving care:

- The registered manager ensured that staff were provided with ongoing training to ensure their learning, skills and knowledge were kept up to date with current practice.

- Established quality monitoring systems were used to oversee all aspects of the service.

Working in partnership with others:

- The provider worked in partnership with other health and social care professionals to ensure people received person centred care based on good practice.